Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-13-2010</u>	Address:	CR 1150 N s/o CR 1250 N
Case #:	<u>32F30465</u>		Lodi, IN
County:	<u>Parke</u>		<u>47834</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Anhydrous Ammonia: ground			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: ground			
Corrosive Base:			
Other (item and location):			
Yes No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrir ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip sisting other agency
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: <u>Rockville FD</u> partment: <u>Parke County</u> ection Service: <u>N/A</u>	Fax: <u>765-3</u> Fax: <u>(765)</u> Fax:	<u>569-4061</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R. Reynolds Phone 812-299-1151			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.